

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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11						
12						
13						
14						
15		4				
16		5				
17		10				
18		10				
19		10				
20		10				
21		10				
22		10				
23	1					
24		1				
25		2				
26						
27						
28						
29						
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	39					
TOTAL CLAIMS	48					

19
35
446

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						